

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

LunaPier

HousingAuthority

(MI098)

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: LunaPierHousingAuthority

PHANumber: MI098

PHAFiscalYearBeginning:(mm/yyyy) 07/01/02

PHA Plan Contact Information:

Name: KennethA.Derbeck,ExecutiveDirector

Phone: (734)848 -2355

TDD: NA

Email(ifavailable): lphousing@earthlink.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plan and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

AnnualPHAPlan

FiscalYear20 02

[24CFRPart903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For each attachment, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plan file, provide the file name in parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	3
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	4
6. Other Information:	4
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	5
C. Criteria for Substantial Deviations and Significant Amendments	7
Attachments	
<input checked="" type="checkbox"/> Attachment <u>A</u> : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment <u>F</u> : Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment <u>G</u> : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment <u>D</u> : Capital Fund Program Performance and Evaluation Report for Fiscal Year 2001	
Attachment <u>E</u> : Capital Fund Program Performance and Evaluation Report for Fiscal Year 2000	
Attachment <u>H</u> : Deconcentration and Income Mixing	

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

This Section is left blank since it is optional.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

We have made numerous changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandated all of these.

- Our Admissions and Continued Occupancy Policy has been revised to include current mandatory income exclusions

- Implementation of Community Service Requirements:

The Housing Authority has suspended enforcement of the 8-hour community service requirement. The Housing Authority will not enforce this provision of our Admissions and Continued Occupancy Policy so long as Congress provides for the option to not enforce it. In taking this action, we still want to encourage our public housing residents to both participate in their community and enhance their self-sufficiency skills in a truly voluntary manner.

All affected residents have been notified of the suspension of the requirements.

In addition, we have made the following discretionary changes.

- We have revised our policy governing pet ownership in public housing.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 166,783

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	

7.Relocationresources(selectallthatapply) <input type="checkbox"/> Section8for units <input type="checkbox"/> Publichousingfor units <input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8 <input type="checkbox"/> Otherhousingfor units(describellow)
8.Timelineforactivity: a. Actualorprojectedstartdateofactivity: b. Actualorprojectedstartdateofrelocationactivities: c.Projectendeddateofactivity:

4.VoucherHomeownershipProgram -NA

[24CFRPart903.79(k)]

A. ☐ Yes ☒ No: DoesthePHAplantoadministeraSection8Homeownershipprogram pursuanttoSection8(y)oftheU.S.H.A.of1937,asimplementedby24 CFRpart982?(If“No”,skiptonextcomponent;if“yes”,describetheeach programusingthetablebelow(copyandcompletequestionsforeach programidentified.)

B.CapacityofthePHAtoAdministeraSection8HomeownershipProgram -NA

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

- ☐ Establishingaminimumhomeownerdownpaymentrequirementofatleast3percent andrequiringthatatleast1percentofthedownpaymentcomesfromthefamily's resources
- ☐ Requiringthatfinancingforpurchaseofahomeunderitssection8homeownership will beprovided,insuredorguaranteedbythestateorFederalgovernment;comply withsecondarymortgagemarketunderwritingrequirements;orcomplywithgenerally acceptedprivatesectorunderwritingstandards
- ☐ Demonstratingthatithasorwillacquireotherrelevantexperience(listPHA experience,oranyotherorganizationtobeinvolvedanditsexperience,below):

5.SafetyandCrimePrevention:PHDEPPlan -NA -ProgramEliminated

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptonextcomponentPHAseligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A. ☐ Yes ☐ No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantforthe upcomingyear? \$_____

C. ☐ Yes ☐ No DoesthePHAplanto participateinthePHDEP intheupcomingyear?If yes,answerquestionD.Ifno,skiptonextcomponent.

D. ☐ Yes ☐ No: The PHA PHA Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included ☐ Yes ☐ No: below or ☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Michigan)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- The Luna Pier Housing Authority will continue to provide a drug-free workplace.

- The Luna Pier Housing Authority will continue to maintain and renovate its public housing units.
- The Luna Pier Housing Authority will continue to meet the special needs of elderly families and families with disabilities by providing appropriate and accessible housing in the public housing program.
- The Luna Pier Housing Authority will continue to market its public housing program to make families and individuals aware of the availability of decent, safe, sanitary and affordable housing in the jurisdiction of the Housing Authority.

☒ Other: (list below)

- The Luna Pier Housing Authority Admission and Continued Occupancy Policy requirements are established and designed to:
 - (1) Provide improved living conditions for very low and low-income families while maintaining their rent payments at an affordable level.
 - (2) To operate as socially and financially sound public housing agency that is violence and drug-free, decent, safe and sanitary housing with a suitable living environment for residents and their families.
 - (3) To avoid concentrations of economically and socially deprived families in our public housing development.
 - (4) Deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to our employees.
 - (5) To attempt to house a tenant body that is composed of families with incomes and rent-paying abilities that are representative of the range of incomes of low income families in our jurisdiction.
 - (6) To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal fair housing laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

Our agency is part of the entire effort undertaken by the City of Luna Pier, Monroe

County and the State of Michigan to address our jurisdiction's affordable housing needs. While we cannot ourselves meet the entire need identified in the Consolidated Plan, in accordance with our goals and objectives included in this Plan, we will try to address some of the identified need by using appropriate resources to maintain and preserve our existing stock. When appropriate and feasible, we will apply for additional grants and loans from federal, state and local sources, including private sources to enhance the affordable housing available in our community. We intend to continue working with our local partners to try and meet these identified needs.

This year we expect to continue to utilize the funds we receive for our existing programs to house people. We will be focusing on management improvements and modernization of our properties. Priorities and guidelines for programs often change from year to year and our decision to pursue certain opportunities and resources may change over the coming year if there are program changes beyond our control.

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

While the Consolidated Plan does not offer assistance specific to public housing, it evidences a firm commitment to providing as much affordable quality housing to the citizens of Michigan as possible. It's key priorities include supporting rental and owner housing rehabilitation programs, down payment assistance and home ownership programs, homeless assistance programs, and the development of affordable special need housing. In this way, the State partners with the Housing Authority.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

Attachment A

Luna Pier Housing Authority

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
NA	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy (Incorporated by reference)	Pet Policy
X	The result of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Implementation of Community Service Requirements Substantial Deviation Definition Voluntary Conversion Documentation Deconcentration/Income Mixing Documentation	(specify as needed) ACOP/Annual Plan Annual Plan Annual Plan ACOP/Annual Plan

AttachmentB

AnnualStatement/Perfor manceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName: LunaPierHousing Authority			GrantTypeandNumber CapitalFundProgramGrantNo: MI28P09850102 Re placementHousingFactorGrantNo:		FederalFYofGrant: 2002
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	16,116			
8	1440SiteAcquisition				
9	1450SiteImpro vement	36,000			
10	1460DwellingStructures	100,667			
11	1465.1DwellingEquipment —Nonexpendable	14,000			
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492Movingt oWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	166,783			
22	Amountofline21Relatedt oLBPAactivities				
23	Amountofline21RelatedtoSection504compliance				
24	Amountofline21RelatedtoSecurity –SoftCosts				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Luna Pier Housing Authority		Grant Type and Number Capital Fund Program Grant No: MI28P09850102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: LunaPierHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: MI28P09850102 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo .	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
	FeesandCosts	1430	LumpSum					
MI098-1	A&EFees:reimbursablecosts			8,116				
MI098-2	A&EFees:reimbursablecosts			8,000				
	SubtotalAcct1430			16,116				
	SiteImprovement	1450	LumpSum					
MI098-1	Installexteriorstreetlighting			18,000				
MI098-2	Installexteriorstreetlighting			18,000				
	SubtotalAcct1450			36,000				
	DwellingStructures	1460	51 units					
MI098-1	Carpet,VCT,Base			45,000				
MI098-1	WaterHeaters		3	6,500				
MI098-2	Carpet,VCT,Base			45,000				
MI098-2	WaterHeaters		2	4,167				
	SubtotalAcct1460			100,667				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: LunaPierHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: MI28P09850102 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo .	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
	NonDwellingEquipment	1465.1						
MI098 -1	Ranges/Refrigerators		LumpSum	7,000				
MI098 -2	Ranges/Refrigerators			7,000				
	SubtotalAcct1465.1			14,000				
	GrandTotal			166,783				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

AttachmentC
CapitalFundProgramFive -Year ActionPlan

PartI:Summary

PHAName:LunaPierHousing Authority				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:07/01/03	WorkStatementforYear3 FFYGrant:2004 PHAFY:07/01/04	WorkStatementforYear4 FFYGrant:2005 PHAFY:07/01/05	WorkStatementforYear5 FFYGrant:2006 PHAFY:07/01/06
	Annual Statement				
HAWide		-0-	-0-	-0-	75,467
MI098-1		166,783	-0-	116,667	80,600
MI098-2		-0-	166,783	50,116	10,716
CFPFundsListedfor 5-yearplanning		166,783	166,783	166,783	166,783
ReplacementHousing FactorFunds					

PartII:SupportingPages —WorkActivities

SmallPHAPlanUpdatePage 18

CapitalFundProgramFive -YearActionPlan
PartII:SupportingPages —WorkActivities

ActivitiesforYear: <u>4</u> <u> </u> FFYGrant:2005 PHAFY:07/01/05			ActivitiesforYear: <u>5</u> <u> </u> FFYGrant:2006 PHAFY:0 7/01/06		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
MI098-1	ReplaceStoops	40,000	HAWide	OfficeRenovation	54,467
	ReplaceSiding	62,667		Computer hardware/software	17,000
	ReplaceBenches	4,000		A&EFees	4,000
	A&ECosts	10,000		SubtotalHAWide	75,467
	SubtotalMI098 -1	116,667			
			MI098-1	A&ECosts	5,600
MI098-2	Replacestoops	40,000		MasonryRepairs	70,000
	ReplaceBenches	4,000		ReplaceAppliances	5,000
	A&ECosts	6,116		SubtotalMI098 -1	80,600
	SubtotalMI098 -2	50,116			
			MI098-2	A&ECosts	5,600
				ReplaceAppliances	5,116
				SubtotalMI098 -2	10,716
TotalCFPEstimatedCost		166,783			166,783

AttachmentD

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Luna Pier Housing Authority		Grant Type and Number Capital Fund Program: MI28P09850101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	11,116	11,116	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	48,000	48,000	-0-	-0-
10	1460 Dwelling Structures	107,667	107,667	-0-	-0-
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	166,783	166,783	-0-	-0-
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Luna Pier Housing Authority		Grant Type and Number Capital Fund Program: MI28P09850101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: LunaPierHousingAuthority		GrantTypeandNumber CapitalFundProgram#: MI28P09850101 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo .	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MI098-1,2	FeesandCosts	1430	LumpSum					Planning
	A&EFees			11,116	11,116	-0-	-0-	
	SubtotalAcct 1430			11,116	11,116	-0-	-0-	
HAWide	SiteImprovements	1450	LumpSum					Planning
	Installplaygroundequipment			20,000	20,000	-0-	-0-	
	Sumppumpwaterproofing			5,000	5,000	-0-	-0-	
	Replaceprivacyfencing			10,000	10,000	-0-	-0-	
	Newdevelopmen tsigns			5,000	5,000	-0-	-0-	
	Sealcoat/stripeparkinglot			8,000	8,000	-0-	-0-	
	SubtotalAcct1450			48,000	48,000	-0-	-0-	
	DwellingStructures	1460						Planning
MI098-1	Electricbaseboardheaters		30units	32,667	32,667	-0-	-0-	
MI098-1	Replaceentrydoors(familyunits)		21units	19,000	19,000	-0-	-0-	
MI098-1	Replacemaint.Roomdoors			2,000	2,000	-0-	-0-	
MI098-2	Replaceentrydoors(familyunits)		21units	19,000	19,000	-0-	-0-	
MI098-2	Replacemaint.Roomdoors			2,000	2,000	-0-	-0-	
MI098-2	Installnewfurnaces		21units	21,000	33,000	-0-	-0-	
MI0981,2	Staindecks		21units	12,000	-0-	-0-	-0-	
	SubtotalAccount1460			106,667	106,667	-0-	-0-	
	GrandTotal			166,783	166,783	-0-	-0-	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Luna Pier Housing Authority		Grant Type and Number Capital Fund Program#: MI28P09850101 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No .	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/ Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

AttachmentE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Luna Pier Housing Authority		Grant Type and Number Capital Fund Program Grant No: MI28P09850100 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	-0-	4,775.62	4,775.62	-0-
3	1408 Management Improvements				
4	1410 Administration	4,400	-0-	-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,200	13,194.38	13,194.38	8,244.38
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	147,516	146,146.00	146,146.00	138,889.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	164,116	164,116.00	164,116.00	147,133.38
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Luna Pier Housing Authority		Grant Type and Number Capital Fund Program Grant No: MI28P09850100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement / Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: Luna Pier Housing Authority		Grant Type and Number Capital Fund Program Grant No: MI28P09850100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI098-2	Kitchen & Bath Renovation	1460	(21 units)	147,516	146,146.00	146,146.00	138,889.00	In Progress
	Administration	1410		4,400	-0-	-0-	-0-	Deleted
	Fees and Costs	1430		12,200	13,194.38	13,194.38	8,244.38	In Progress
HA Wide	Operations	1406		-0-	4,775.62	4,775.62	-0-	In Progress
	Total			164,116	164,116.00	164,116.00	147,133.38	

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

[illegible]

AttachmentF

LunaPierHousingAuthority

FiscalYear2002AgencyPlan

Required Attachment :Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Russell Goodale

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 5 year term expiring December 31, 2006

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

We advised the Residents by notice and also advised the Resident Advisory Board of the opportunity for residents to serve as a member of the Board of Commissioners. We intend to again issue a notice to residents prior to the expiration of the next term expiration of a governing board member.

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor Jerry Welton recommends and the City Council appoints members to the Board of
Commissioners

AttachmentG

LunaPierHousingA uthority

FiscalYear2002AgencyPlan

RequiredAttachment :MembershipoftheResidentAdvisoryBoardor Boards

- i. ListmembersoftheResidentAdvisoryBoardorBoards:(Ifthelistwouldbeunreasonablylong,list organizationsrepresentedorotherwise provideadescriptionsufficienttoidentifyhowmembersarechosen.)

WilsonSulier

CatherineRutledge

ThomasGray

ArlenePerkins

AttachmentH

LunaPierHousingAuthority

FiscalYear2002AgencyPlan

Component3,(6)DeconcentrationandIncome Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Attachment I

Luna Pier Housing Authority

Fiscal Year 2002 Agency Plan

Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments

As stated in Notice PIH 2001 -26, beginning with Fiscal Year 2002, all PHA's must address the following questions about their Required Initial Assessments and include the following information as a required attachment to the PHA Plan:

a. *How many of the PHA's developments are subject to the Required Initial Assessments?*

*One development

b. **How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?**

None

c. **How many assessments were conducted for the PHA's covered developments?**

One

d. **Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:**

Development Name	Number of Units
None	None

e. **If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:**

Assessment completed

*The Housing Authority owns and operates a total of 102 public housing units. There are two developments. MI098 -1 consists of 51 units with 21 units designed for general occupancy and 30 units designed for occupancy by elderly persons or persons with disabilities or both.

MI098-2 consists of 51 units with 21 units designed for general occupancy and 30 units designed for occupancy by elderly persons or persons with disabilities or both.

Both developments are located on one site.